

**MEDICAL BOARD OF CALIFORNIA**

LICENSING PROGRAM  
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## Fictitious Name Permit Notification of Change of Address/Ownership/Renewal/Hold Release

Fictitious Name: \_\_\_\_\_ FNP # \_\_\_\_\_

Current Physical Practice Address: \_\_\_\_\_ SS#/FEIN# \_\_\_\_\_

(No PO Boxes) \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Renewal Fee \_\_\_\_\_

Our records indicate that you are presently doing business as:

☐ Corporation ☐ Partnership ☐ Individual (Sole Proprietor) ☐ Group of Individuals

A hold ☐ has ☐ has not been placed on your Fictitious Name Permit. In order for the hold to be removed, this form must be completed in its entirety and signed by a current owner. Refer to the enclosed attachment indicating the current owner(s).

If you are doing business as a corporation, as a partnership or as a group, and wish to add or delete owners, please provide the following information in the table below. Signatures are required to associate or disassociate owners and must also include a signature at the bottom signed by a current owner. A signature at the bottom of this form is also required to change the address or renew the permit. Refer to attachment for current owners.

<u>Doctor's Name (print or type)</u>	<u>License #</u>	<u>Association Date</u>	<u>Disassociation Date</u>	<u>Signature</u>

I declare under penalty of perjury under the laws of the State of California that I have read the foregoing notification and all attachments thereto and know the contents thereof. I have the legal authority to act on behalf of the above stated entity and the information contained thereto is true and correct.

\_\_\_\_\_  
*Print or Type Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*License #*